



**CONTRACTOR'S AFFIDAVIT OF PAYMENTS TO
MINORITY BUSINESS ENTERPRISES (GC FORM)**

Date: _____

TO: Department of Housing & Community Development
Candace Tempesta, AMP Coordinator
100 Cambridge St Ste 300
Boston, MA 02202
Phone (617) 573-1507
Fax: (617) 573-1515

From:

Name of Contractor

Address

City, State, Zip

RE: Contract for _____ Housing Authority

Project No _____

Original Contract Amount _____

Recording Period
Ending _____

KNOW ALL MEN BY THESE PRESENTS:

The undersigned certifies that they have met the Minority Business Enterprise (MBE) and Women Owned Business Enterprises (WBE) requirements for the above named contract which states in part that the General Contractor:

1. Shall submit this form quarterly or at any time requested by DHCD, completing the information below;
2. Have subcontracted with the following M/WBEs in the dollar amounts enumerated in the Participation Schedule and Letters of Intent in effect at the time of contract execution; and
3. Have made the following payments to each of the W/MBEs for work performed on this project.

MBE/WBE	Work Performed	Subcontract Amount	Total Payments to Date	Payments this Quarter
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In WITNESS WHEREOF, the undersigned has signed and sealed this instrument under the pain and penalty of perjury.

This _____ Day of _____ 20____

Name of General Contractor

Signed and Sealed

On this ____ day of _____ 20____, before me, the undersigned Notary Public, personally appeared _____, duly designated by the board of directors and proved to me, through satisfactory evidence of identification, which was _____, that s/he is the person whose name is signed on the foregoing documents, and acknowledged to me that s/he signed it voluntarily for its stated purpose and that it was her/his free act and deed.

Notary Public

My Commission Expires: